

UW Medicine

September 2020

Dear Provider,

The goal of UW Medicine is to vaccinate 100% of our employees against influenza. We will begin providing free influenza immunizations to all current employees and staff on Monday, September 28, 2020. However, some employees choose to be immunized elsewhere. For those employees, vaccination documentation is required to be compliant with our Employee Influenza Prevention Program.

Influenza vaccination is not appropriate for a small number of employees, for example, persons with specific medical conditions, or a history of severe reaction to a previous dose of influenza vaccine or vaccine components. ACIP recommendations for the 2020-2021 influenza vaccine can be viewed at: https://www.cdc.gov/mmwr/volumes/68/rr/rr6803a1.htm?s_cid=rr6803a1_w. For your convenience, the contraindications and precautions to flu vaccination are provided on the back of this form.

Without disclosing any protected health/medical information, please complete the following, indicating if your patient received influenza vaccine or is exempted from vaccination, and return the form to your patient, who should return the completed form to the appropriate Employee Health Clinic. Alternatively, the form can be faxed from your location.

Patient Name (print) _____ **DOB** ____/____/____

<input type="checkbox"/> Received influenza immunization (date of vaccination) _____ <input type="checkbox"/> IM Quadrivalent <input type="checkbox"/> IM high-dose Quadrivalent <input type="checkbox"/> Intra-Nasal Quad
<input type="checkbox"/> Exempted from influenza vaccination: <input type="checkbox"/> <u>Temporary</u> medical condition exempts this patient from influenza vaccination <u>this year</u> <input type="checkbox"/> Chronic medical condition, as described by CDC vaccine exemption guidelines, history of severe vaccine reaction; exempted from influenza vaccination <u>indefinitely</u>

Provider signature _____ Print name _____

WA State Medical Provider Number _____ (Accepted providers – circle one: MD DO PA RN ARNP PharmD)

Medical Facility or Pharmacy: _____

Employee or Provider Instructions : Return this form to your Employee Health Clinic / Office			
Required information : Employee ID Number or SSN			
Harborview Medical Center	UW Medical Center Montlake	UW Medical Center Northwest	UW Neighborhood Clinics
1 East Clinic, Rm 21	BB 306		
Campus Mail : 359855	Campus Mail : 356122		Campus Mail : 359410
Fax : 206-744-4886	Fax : 206-598-4469	Fax : 206-668-5911	Fax : 206-520-5599

